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## BIB DATA SHEET

CONFIRMATION NO. 6799

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10/588,189		348	2482	0630-1009

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/FR05/00456 02/25/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 0402090 03/01/2004

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***  
 02/23/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	1	7	1
Verified and Acknowledged	/CHRISTOPHER G FINDLEY/ Examiner's Signature	Initials				

**ADDRESS**

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**TITLE**

Camera for medical, particularly dental use

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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